

**COLORADO POST-POLIO ROCKY MOUNTAIN GETAWAY**  
**For polio survivors, spouses and/or caregivers**

**Sunday, August 16, thru Thursday, August 20, 2020**  
**Rocky Mountain Village (Easter Seals Camp)**  
**Empire, Colorado**  
**2020**

**APPLICATION**

Name: \_\_\_\_\_

Age:  Under 60     Over 60     Over 80

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Year you had Polio? \_\_\_\_\_ Where was home at that time? \_\_\_\_\_

How did you hear about the CPPO Post-Polio Rocky Mountain Getaway?

Have you been diagnosed with Post Polio Syndrome?     Yes     No

If the answer is Yes, in what year were you diagnosed? \_\_\_\_\_

How does Post Polio Syndrome affect you now?

\_\_\_\_\_  
\_\_\_\_\_

**CAMP MEMBER GOALS**

To assist us in providing a Camp experience that is beneficial to all those in attendance, please give us an idea of your goals in attending the camp (such as support, relaxation, treatment options, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

The following questions will help describe your current functional level and help the camp personnel to meet your needs: (check all that apply)

**Reminder: The altitude at camp will be 8,000 feet!**

**BREATHING:**

- Independent
- I use oxygen (what type of oxygen dispensing equipment?) \_\_\_\_\_
- I use a ventilator.     I use CPAP/BiPap.     I use an inhaler     I will bring my own Equipment (Mandatory)

**MOBILITY** (check all that apply):

- Independent.
- I use assistance from:     another person,     Walker,     Crutch(es),
- Cane(s),     Orthosis/brace(s),     Manual wheelchair,     Scooter,     Power wheelchair

Would you need assistance to walk or wheel 100 yards, and which can include a small incline?  
 Yes     No

Are you able to climb a flight of stairs? (Homebuilders Lodge and Friendship Lodge have elevators)

- Yes, without difficulty
- Yes, but I need to take my time
- I am unable to climb a flight of stairs

Dressing:     I dress without help                       I need some assistance

Feeding:     I don't need any help     I need some assistance (please specify what kind of help is needed)

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Bathing Equipment: (if applicable)

- I will bring my own shower bench
  - I would like to borrow a shower bench (describe type used)
-

Name \_\_\_\_\_

**REGISTRATION AND FEES:**

Fees for the camp are for the entire camp experience. **There are no one-day fee options.**

Registration fees for the camp are dependent on the housing options chosen:

Housing (please check your preference):

- \_\_\_\_\_ On Campus housing--\$400 per person
- \_\_\_\_\_ RV on site in place of campus housing—\$250 per person + \$20 per day electrical hook up fee. No other hook ups, i.e., water/sewer, available.
- \_\_\_\_\_ Day Camper with off-site lodging—\$250 per person

Shuttle for Denver International Airport:

Each way--\$55 per person

**HOUSING:**

**Sleeping accommodation assignments will be made on a first-come, first-served basis.**

While Colorado Post-Polio has made every effort to provide appropriate housing for all individuals attending the camp, bed options are limited.

**Please rank your on-campus sleeping preference/needs (1—your first choice, 2—your second choice, 3—your third choice, N/A—not a choice):**

- \_\_\_\_\_ Queen bed (couples only). 3 available
- \_\_\_\_\_ Private room, two lower level bunk beds (couples or person and caregiver)
- \_\_\_\_\_ Lower bunk. Single persons will be sharing a room with at least one other.
- \_\_\_\_\_ Hospital bed

Single attendees: Optional—I would like to share a room with the following person(s) who will also be attending: \_\_\_\_\_

Returning attendees: Where did you stay last time? \_\_\_\_\_

**Service dogs: No pets are allowed. Registered, licensed, properly socialized service dogs are permitted.**

\_\_\_\_\_ I will be bringing a service dog with proper credentials.

Approximate size (small, medium, large) \_\_\_\_\_

Anticipated Arrival Date: \_\_\_\_\_

Anticipated Departure Date: \_\_\_\_\_

Name: \_\_\_\_\_

**DIETARY:**

Please identify any special dietary needs (the chef is experienced in dealing with many dietary restrictions)

\_\_\_\_\_  
\_\_\_\_\_

Please provide additional information about health or medical concerns we should know about:

\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION:**

We need to know what transportation needs are required to get to and from the Camp. Colorado Post-Polio will investigate transportation options and advise what is available in future communications.

- I will arrange my own transportation
- I could provide transportation for others. How many? \_\_\_\_\_ Contact # \_\_\_\_\_  
What kind of mobility devices can your vehicle accommodate?

\_\_\_\_\_

I would like to have transportation from **Denver International Airport. Easter Seals camp shuttle fee--\$55 per person each way.**

I can ride in a standard vehicle (car, SUV, etc)

I need a vehicle that will accommodate:

Power Chair.  Scooter  Other \_\_\_\_\_

Identify the type of tie-downs you would need \_\_\_\_\_

**ACTIVITIES:**

Included with this registration form is a tentative/partial list of activities that will be finalized at camp. What other topics or activities would you like to see included, if possible?

\_\_\_\_\_

Do you have a hobby or recreational activity that you enjoy and would you be willing to share your skills with other camp attendees? If so, please provide details:

Name: \_\_\_\_\_

**CAREGIVER/SPOUSE/ADULT FAMILY MEMBER INFORMATION:**

Caregivers/spouses/adult family members may also attend. Caregivers are encouraged to attend all educational sessions and activities with the polio survivor they are assisting. There may also be some sessions available just for caregivers to provide them with education, training, and support. **Caregivers/spouses/adult family members pay the same fee as**

***participants.***

A limited number of rooms with a queen size bed are available for couples. Please refer back to the section on **Housing** to indicate your preference for this room.

Are you attending the Camp with a caregiver/spouse/other adult family member?

Yes       No

I am independent with my daily care, but my spouse will attend with me.

If your spouse/caregiver/adult family member will be attending, please provide the following information for each additional person in your party:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Allergies/special needs (including dietary):

\_\_\_\_\_  
\_\_\_\_\_

My caregiver assists me with:

\_\_\_\_\_  
\_\_\_\_\_

My caregiver is interested in learning \_\_\_\_\_

\_\_\_\_\_

**CONFERENCE EXPENSE INCOME TAX DEDUCTION:**

Transportation and Registration for the Camp for you, your spouse or care giver, may be deductible for tax purposes, since the event concerns chronic Post Polio illness. The majority of time spent at the event must be attending sessions on medical information. The cost of meals and lodging is not deductible.

*You Should Consult Your Tax Advisor For Guidance!*

To complete this application, fill out all information, and mail it to the address listed below.

If you are viewing this application online, you may complete the application, save your information and then print. The application **can be submitted to mtolman@eastersealscolorado.com** online or mailed to the address listed below.

Fee totals for this application—Calculate number in party times cost per person:

Registration/housing	_____
Shuttle to camp	_____
Shuttle from camp	_____
<b>Grand total</b>	_____

Amount paid at this time \_\_\_\_\_ Balance due \_\_\_\_\_

**Application and \$50 per person deposit must be received by July 9, 2020.**

**Cancellation policy:** The amount paid will be fully refunded if cancelled before August 1, 2020. No refunds will be issued for cancellations made after that date and the full registration fee will be charged to your card on or before August 13<sup>th</sup> unless other arrangements have been made.

Mail to:

**CPPO Getaway**  
**Attn: Mitzi Tolman**  
**13719 W 59<sup>th</sup> Drive**  
**Arvada, CO 80004**

**PAYMENT INFORMATION:**

Make checks payable to: **Easter Seals Colorado**  
**Memo: CPPO Getaway**

**Credit Card Information:**

VISA or  Master Card only. Credit Card Number \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit Security Code: \_\_\_\_\_

Amount of Payment to be charged at this time: \_\_\_\_\_

Signature \_\_\_\_\_

If you have questions, contact Mitzi Tolman (720) 940-9241  
Email—[mtolman@eastersealscolorado.org](mailto:mtolman@eastersealscolorado.org)

Signature of Camp Attendee: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Office use only—date application postmarked/received: